



## HEALTH CARE EXPENSE PLANNING WORKSHEET

This worksheet will help you determine an election amount for the upcoming Health Care Spending Account (HCSA) plan years. **Don't forget that your tax dependents' health care expenses are eligible for the GIC's HCSA program.** An expense calculator is also available at [www.asiflex.com/gic](http://www.asiflex.com/gic).

**Fiscal Plan Year**  
**7/1/2018 – 6/30/2019**  
**Estimated Expenses**  
**Up to \$2,650\***

### Medical Expenses not covered by Insurance

Deductibles, co-pays, coinsurance	\$ _____
Physician visits/routine exams	\$ _____
Prescription drugs	\$ _____
Over-the-Counter health care products	\$ _____
Diabetic supplies	\$ _____
Annual physicals	\$ _____
Chiropractic treatments	\$ _____
Mileage Expenses	\$ _____
Other: _____	\$ _____

**Subtotal Medical Expenses** \$ \_\_\_\_\_

### Dental Expenses not covered by Insurance

Checkups/cleanings	\$ _____
Fillings	\$ _____
Root canals	\$ _____
Crowns/Bridges/Dentures	\$ _____
Oral surgery	\$ _____
Orthodontia	\$ _____
Mileage Expenses	\$ _____
Other: _____	\$ _____

**Subtotal Dental Expenses** \$ \_\_\_\_\_

### Vision/Hearing Expenses not covered by Insurance

Exams	\$ _____
Eyeglasses	\$ _____
Over-the-Counter reading glasses	\$ _____
Prescription sunglasses	\$ _____
Contact lenses & cleaning solutions	\$ _____
Corrective eye surgery (LASIK, cataract, etc.)	\$ _____
Hearing exams and hearing aids (and batteries)	\$ _____
Mileage Expenses	\$ _____

**Subtotal Vision/Hearing** \$ \_\_\_\_\_

<b>Total Health Care Expenses</b>	\$ _____
<b>Maximum Limit *</b>	<b>\$ 2,650</b>

\*Limit is subject to change by IRS regulations.